

DEC 22 1941

State File No.

Registration District No. 291 Primary Registration District No. 1003 Registrar's No. 8839

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital #1. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
(Specify whether
In this community.
years, months or days)

3. (a) PRINT Peter (Bojarczuk) Bojarski
FULL NAME

3. (b) If veteran. 3. (c) Social Security
name war. - No. none

4. Sex Male 0 5. Color or White
race White 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Frances Bojarski 6. (c) Age of husband or wife at
alive 50 years
7. Birth date of deceased. November
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 - 2 hr. min.

9. Birthplace Poland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business. ?

12. Name ?

13. Birthplace Poland 4
(City, town, or county) (State or foreign country)

14. Maiden name Poland 4

15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Bojarski

(b) Address 1704 North 10th. Street

17. (a) Burial (b) Date thereof Nov. 8, 1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director General Funeral Home

(b) Address 2233 University Street

19. (a) NOV 7 1941 (b) J. J. Bredet
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1704 North 10th. Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5th.
year 1941. hour 9 minute P. M.

21. I hereby certify that I attended the deceased from
..... 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death..... Duration

Cerebral Hemorrhage
Due to Apoplexy
Due to 83a

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Pending
Of autopsy Pending
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature Thomas J. Callahan (M. D. or other)

Address Deputy Coroner Date signed 11/7/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edward J. Beckhaist*

Licensed Embalmer No. *2502*

P. O. Address *Clayton Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.